

New Jersey Public Employment Relations Commission
NON-POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1	Public Employer:	Jackson Board of Fire Commissioners District 3	County:	Ocean
2	Employee Organization:	Jackson Fire Department	Number of Employees in Unit:	1
3	Base Year Contract Term:	5	New Contract Term:	5

SECTION II: Type of Contract Settlement (please check only one)

- 4 Contract settled without neutral assistance
 5 Contract settled with assistance of mediator
 6 Contract settled with assistance of fact-finder
 7 Contract settled with assistance of super-conciliator
 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
 Yes No

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$46800.
10	Longevity Costs in Base Year	\$0
11	Total Salary Base	\$46800.

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	01/01/2017	01/01/2018	01/01/2019	01/01/2020	01/01/2021
13 Cost of Salary Increments (\$)	\$6000.00	\$936.00	\$955.00	\$608.00	\$617.00
14 Salary Increase Above Increments (\$)	0	0	0	0	0
15 Longevity Increase (\$)	0	0	0	0	0
16 Total \$ Increase (sum of lines 13-15)	\$6000.00	\$936.00	\$955.00	\$608.00	\$617.00
17 New Salary Base (\$)	\$46800.00	\$47736.00	\$48691.00	\$49299.00	\$49916.00
18 Percentage increase over prior year	2 %	2 %	1.5 %	1.5 %	1.5 %

*If contract duration is longer than five years, please add on additional page.

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

*If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$ 1417.75	\$ _____
22	Prescription Plan Cost	\$ 351.55	\$ _____
23	Dental Plan Cost	\$ 82.67	\$ _____
24	Vision Plan Cost	\$ _____	\$ _____
25	Total Cost of Insurance	\$ 1851.97	\$ _____
26	Employee Insurance Contributions	\$ _____	\$ _____
27	Employee Contributions as % of Total Insurance Cost	_____ %	_____ %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Dawn Hode
Position/TITLE: Clerk
Signature: Dawn Hode
Date: 10/27/2017

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

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